**APPLICATION FOR FAMILY MEDICAL LEAVE**

Employee Name _____Personnel Number _____

Agency Name _____

Agency Address _____

Regular Hours worked Per Week _____

Home Address _____

Home Phone (_____) _____ Work Phone (_____)_____

**PURPOSE of Family and Medical Leave (for example: birth or placement of a child, own serious health condition, family member's serious health condition, leave for qualifying family member's military leave): _____**

**_____**

**_____.**

Please check one of the following:

____ **I request to presently utilize family and medical leave concurrently with my accumulated paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b).

____ **I do not wish to utilize family and medical leave concurrently with my accumulated paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b). Therefore, I will not be entitled to the protections of the federal Family and Medical Leave Act until I have exhausted all of my accrued paid leave.

____ **I do not wish to utilize family and medical leave concurrently with my accumulated paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b). However, in accordance with 101 KAR 2:102 Section 3(6)(a) and/or 101 KAR 3:015 Section 3(6)(a), **I request to reserve _____ (not to exceed 10) days of my accumulated sick leave prior to my commencement of family and medical leave.** I will not be entitled to the protections of the federal Family and Medical Leave Act until I have exhausted my accrued paid leave in accordance with this election.

**Attach supporting documentation, if required.**
Anticipated duration of leave from _____ to _____ for a total of _____ work days. In requesting family leave, I certify that all information on this application is true and that I will abide by the regulations governing family leave.

_____ ___ _____
Employee Signature Date

FOR AGENCY USE ONLY:

Family and Medical Leave Approved _____ for dates _____ to _____

Family and Medical Leave Denied _____ Family and Medical Leave Balance as of this date _____

Date Family and Medical Leave Designation Letter sent _____

_____ _____
Signature of Appointing Authority or Designee Date
Revised January 2015